

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

13. ☒ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

☐ Aged
☐ Blind
☐ Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 11-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who--
- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
 - (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 6c
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

☒ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1619(b)(3)
of the Act

☒

The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act	15.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	16.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
42 CFR 435.130	17.	Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- 42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

☒ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

☒ Aged ☒ Blind ☒ Disabled

☐ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991
State: Wisconsin

ATTACHMENT 2.2-A
Page 6g
OMB NO.: 0938-

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | |
|----------------|-----|--|
| 42 CFR 435.132 | 19. | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care. |
| 42 CFR 435.133 | 20. | Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | |
|----------------|-------------------------------------|--|
| 42 CFR 435.134 | 21. | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). |
| | <input type="checkbox"/> | Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

*Agency that determines eligibility for coverage.

TN No. <u>91-0030</u>	Approval Date <u>12-9-91</u>	Effective Date <u>10/1/91</u>
Supersedes		
TN No. <u>87-0011</u>		HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634 of the
Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 01-0030
Supersedes
TN No. 87-0011

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E